Window to the Womb

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Window to the Womb in Wigston, Leicester, is a fixed location owned by Divine Sparks Limited, and operates under a franchise agreement with Window to the Womb (Franchise) Ltd. The service provides obstetric ultrasound services for pregnant women aged 18-65 across Leicestershire.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced visit to the clinic on 19 March 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Services we rate

Summary of findings

We have not previously rated this service. We rated it as **Good** overall.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect people from abuse and had completed safeguarding training on how to recognise and report abuse. Staff knew how to apply this training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff worked together as a team to care for the women and those who accompanied them.
- Staff cared for women and their families with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the range of needs of people accessing the clinic.
- Women could access the service when required.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, women and local community groups.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The provision of ultrasound scanning services, which is classified under the diagnostic core service, was the only core service provided at Window to the Womb.

Summary of findings

Contents

Good

Window to the Womb

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Window to the Womb

Window to the Womb is operated by Divine Sparks Limited. It is a private clinic in Leicester, operating under a franchise agreement with Window to the Womb (Franchise) Ltd. Window to the Womb (Franchise) Ltd was established in 2003 and now has 36 franchised clinics across the United Kingdom.

As part of the agreement, the franchisor (Window to the Womb Ltd) provides the clinic with regular on-site support, access to their guidelines and policies, training and the use of their business model and brand.

The Leicestershire clinic opened in July 2017 and primarily serves the communities of the Leicestershire region, though it also accepts women from outside this area.

The clinic provided baby scans including early pregnancy scans, well-being checks, growth and presentation scans and 4D scans including keep sakes and souvenirs.

The clinic has had a registered manager in post since July 2017. We have not previously inspected this service.

Our inspection team

The team that inspected the service comprised one CQC Inspector and one Assistant Inspector. The inspection team was overseen by Simon Brown, Inspection Manager.

Information about Window to the Womb

The clinic has one scan room, a reception and waiting room area and separate room used for sensitive discussions, signposted and called the 'quiet room'. The premises are located on the ground floor of a business unit and is fully accessible. The clinic is registered to provide the following regulated activities:

- Diagnostic and screening procedures

Window to the Womb has separated their services into two clinic types. The 'Firsts scan' clinic. This includes sessions specialising in early pregnancy scans up to 16 weeks gestation. 'Window to the Womb' clinic sessions offer later pregnancy scans including a range of packages. The Firsts scan and Window to the Womb sessions are treated as two separate clinics and take place at different times.

All women accessing the service self-refer to the clinic at a time to suit them. The clinic opens four days a week including evenings and at the weekend.

At the time of our inspection the clinic employed one registered manager, two sonographers and four scan assistants. The service did not employ any medical staff. The clinic did not use or administer controlled drugs.

During the inspection, we visited all clinic areas. We spoke with five staff including the registered manager, a sonographer, two scan assistants and the franchise manager. We spoke with two women and six relatives. We also reviewed 10 'client experience' feedback records, 11 policies and procedures, and three referral forms, five scan reports from the well-being and gender scan clinic and six sets of women's records during our inspection.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was our first inspection of this clinic.

Activity (January to December 2018)

- In the reporting period January to December 2018 there were 2,360 Window to the Womb scans recorded at the clinic.

Summary of this inspection

- In the reporting period January to December 2018 there were 675 early pregnancy scans (Firsts scan) recorded at the clinic.
- The service scanned a total of 3,035 women in the reporting period.

Track record on safety (reporting period January to December 2018)

- The clinic had no serious incidents.
- The clinic had no never events.
- The clinic received two complaints between January and December 2018, neither were upheld.

Services provided under service level agreement:

- Collection of clinical waste.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We have not previously rated this service. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect people from abuse and had completed safeguarding training on how to recognise and report abuse. Staff knew how to apply this training.
- The service controlled infection risk well. They kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.
- The service had appropriate arrangements in place to assess and manage risks to women, their babies and families.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of women's care. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Are services effective?

We do not rate effective for diagnostic imaging services. However, we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff monitored the effectiveness of care and treatment and used the findings to improve their practice.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and followed the service policies and processes to ensure staff were supported and were suitable for their role.
- The staff worked together as a team to care for the women and those who accompanied them.
- The service had policies and procedures in place for gaining consent, staff understood how and when to assess whether a woman had the capacity to make decisions about their care and staff followed service policy when a woman could not give consent.

Summary of this inspection

Are services caring?

Good

We have not previously rated this service. We rated it as **Good** because:

- Staff cared for women and their families with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women and people who accompanied them.
- Staff involved women and those close to them in decisions about their care and treatment.

Are services responsive?

Good

We have not previously rated this service. We rated it as **Good** because:

- The service planned and provided services in a way that met the range of needs of people accessing the clinic.
- The service took account of women's individual needs and delivered care to meet their needs.
- Women could access the service when required.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We have not previously rated this service. We rated it as **Good** because:

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, women and local community groups.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, women and local community groups.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We have not previously inspected this service. We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- All staff attended a mandatory induction day when first employed which included all required subject areas. Staff told us they had a period of job shadowing when they first started to learn the requirements of their role.
- Annual mandatory training courses were undertaken and regularly updated, training was provided either face to face, online or a combination of the two.
- The service provided us with its training matrix which showed staff received mandatory training in several different subjects, for example, fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, safeguarding adults and children, chaperone training, basic life support(BLS) and data security awareness.
- Mandatory training rates were reviewed yearly. We reviewed training files for all staff and saw all had completed the required mandatory training for their role in the last 12 months.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.**
- The service had a safeguarding policy in place which was regularly reviewed and updated. All staff were aware of the safeguarding policy and how to access it.
- All scan assistants and the sonographers had completed level two training in safeguarding adults and children.
- The registered manager who was the designated safeguarding lead had completed level three safeguarding adults and children training
- Staff knew their responsibilities, how to recognise a potential safeguarding issue and the actions they should take. However, none of the staff could remember a recent safeguarding issue
- Staff understood how to recognise and report safeguarding concerns and told us all safeguarding concerns would be reported to a manager. Staff could access information and advice about safeguarding from the training resource folder which included information on the Mental Capacity Act, how to report safeguarding concerns and a flow chart to inform staff how to follow the safeguarding process.
- We reviewed the safeguarding policy and saw it was in date and included relevant local and national contact details for reporting safeguarding concerns.
- Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) was included in the safeguarding

training. Staff appeared knowledgeable in this area and said they were confident to identify and raise such a concern if required, however they had not experienced a concern of this nature at the clinic.

- The service required all staff have a Disclosure and Barring Service (DBS) checks as part of the recruitment process. The service repeated the DBS check every three years for registered managers and baby scan assistants and annually for sonographers.
- The service had their own chaperone policy, which was up to date and all appropriate staff were chaperone trained. Staff we spoke with knew their responsibilities as a chaperone and were confident to report any issues.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- At the time of our inspection the environment was visibly clean and tidy.
- The service had infection prevention and control policies in place, which provided staff with guidance on appropriate infection control practice.
- Staff completed an annual infection control risk assessment which identified control measures staff should use to prevent the spread of infection.
- The clinic was cleaned daily by staff; however, the scanning equipment was cleaned by the sonographer following each appointment. The sonographers used the Tristal (the nationally recommended decontamination process for probes), to improve infection control.
- Staff followed manufacturers' instructions and the Window to the Womb guidelines for routine disinfection. This included the cleaning of the medical devices between each patient and at the end of each day.
- Equipment and machines were cleaned following each use with alcohol wipes, this included such things as trans vaginal probe covers for the trans vaginal probe used for internal examinations.
- Cleaning schedules were displayed and completed for each room, which included daily tasks such as bins emptied, scanning couch cleaned and any debris removed. Weekly tasks included floors, surfaces, toys, skirting boards cleaned and a thorough cleaning of the scanning couch. All cleaning schedules were regularly completed and up to date.
- There were hand sanitisers and hand washing facilities for staff and visitors to use. During our inspection we saw staff appropriately using the hand sanitiser and hand washing facilities.
- There were hand washing facilities in the scan room and we saw staff used these between each scan. Staff used gloves when scanning women and we saw that if they had to do another task, such as writing notes, they removed the gloves and used hand sanitising gel and new gloves before starting the scan again. Staff followed the World Health Organisation 'Five Moments for Hand Hygiene' and 'bare below the elbows' guidance. However, we noted one scan assistant had a bracelet on their wrist with a number of free floating charms attached to it. We escalated this to the registered manager.
- Couches were covered with a disposable paper towel which was changed following each scan. We reviewed the machine in use during the inspection, and saw where appropriate, disinfection had taken place and evidence of a weekly check of the machine
- Sharps bins were taken to the local health centre monthly for disposal. All other clinical waste was managed through a service level agreement. The waste was placed in a locked compound and removed each week for disposal
- The service stored clinical waste in a separate yellow bin and when full, the bag was placed in a locked bin outside the premises. This was collected every month by an external company. We reviewed collection records for October 2018 to January 2019 and all clinical waste had been collected.
- Cleaning equipment was stored in a locked cupboard away from the public. There was a sink in the kitchen area which was suitable and used for handwashing.

- We found that the service ensured the safe storage of substances hazardous to health (COSHH) and other chemicals were stored in a locked cabinet.
- There had been no incidents of healthcare acquired infections from January to December 2018.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**

- The clinic was located on the ground floor of a suite of offices within a business park. It had a reception area, large waiting room, scan room and another room used as a 'quiet room' as well as toilets and a staff kitchen and lunch area. The rooms were accessible to all women and visitors including those with physical disabilities.
- The reception area contained several different sofas for women and visitors where paperwork was completed prior to entering the scan room.
- The scan room had adequate comfortable seating for those attending the scan with the woman, including a sofa and chairs. Staff had sufficient space to move around the ultrasound machines for scans to be carried out safely.
- The examination couch was height adjustable. There were three large wall mounted monitors at different angles so women and those attending them could view the scan from all areas of the room. All electrical wires were securely contained behind the ultrasound machine.
- The scanning room had a sign on the door to notify people when it was in use.
- The service's ultrasound machine was maintained and regularly serviced by the manufacturers. We reviewed the service level agreement and the service records for the equipment, which detailed the maintenance history and service due dates of equipment.
- The service had systems in place to ensure machines or equipment were repaired in a timely manner, when required. This ensured women would not experience prolonged delays to their care and treatment due to equipment being broken and out of use.
- The windows in the scan room were blacked out to darken the room and ensure scans could be seen and privacy was maintained.
- All equipment conformed to relevant safety standards non-medical portable appliance electrical equipment was tested.
- The service had a first aid kit available, upon checking we found all the contents to be in date.
- Staff stored substances which met the 'Control of Substances Hazardous to Health' (COSHH) regulations in a locked cupboard. The COSHH risk assessment was completed in 2018 and reviewed annually. All risk assessments for COSHH substances were complete and up-to-date.

Assessing and responding to patient risk

- **The service had appropriate arrangements in place to assess and manage risks to women, their babies, and families.**

- There were clear processes in place to guide staff on what actions to take if any suspicious findings were found on the ultrasound scan. If they had concerns, the sonographer followed the service's referral pathway and referred the woman to the most appropriate healthcare professional, with her consent. For example, if the sonographer detected polyhydramnios (too much amniotic fluid), they would refer the woman to the foetal medicine unit or the antenatal clinic at the local NHS trust. Women were provided with a report completed by the sonographer which included details of findings along with a referral letter.
- Staff documented referrals on dedicated referral forms, which were reviewed by the registered manager and documented onto an electronic log.
- During our inspection, we reviewed three referral forms. All contained a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take. For example, the sonographer we spoke with had made a referral to an early pregnancy unit at the local NHS trust as they identified no foetal heartbeat during the ultrasound scan of a women three months previously.

Good

Diagnostic imaging

- Staff made sure women understood that the ultrasound scans they provided were in addition to their routine maternity care and advised any woman who had missed a 12-week scan to register with a midwife.
- All women completed a pre-scan questionnaire that included pregnancy history. This included a declaration signed by the woman which gave consent to pass medical information to an NHS care provider if needed and a confirmation that she was receiving appropriate pregnancy care from the NHS.
- The service used the 'Paused and Checked' checklist devised by the British Medical Ultrasound Society (BMUS) and Society of Radiographers. We saw the sonographer completed the checks during scans, which included confirming the woman's identity and consent, providing clear information and instructions, and informing the woman about the results.
- Scans were carried out following 'As Low As Reasonably Achievable' (ALARA) guidance and women were given the information which allowed them to make informed decisions about the risk of scanning.Prior to carrying out any scans, the sonographer asked if they had been feeling unwell or experienced any pain or bleeding. If the woman disclosed she had experienced any symptoms then they were referred to their midwife or hospital for further investigation and the scan would not go ahead.
- We observed that scan reports were completed immediately after the scan had taken place, and given to the women to take away, as well as recorded on the clinic records.
- The service only used latex-free covers for the transvaginal ultrasound probe, which minimised the risk of an allergic reaction for women with a latex allergy.
- Due to the nature of the service, there was no emergency resuscitation trolley on site. However, staff could access a first aid box and the registered manager had up-to-date first aid training. We reviewed the accident book, there were no accidents recorded in 2018. In the event of a patient becoming acutely unwell, the service would call 999.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The staff comprised of two qualified Health and Care Professions Council (HCPC) registered sonographers, four scan assistants and the registered manager.
- The service operated with a minimum of three scan assistants and a qualified sonographer on site per shift. The registered manager told us there were always two or more members of staff in the scan room when scans took place, thereby eliminating any potential risk to staff or women using the service.
- The service did not use agency staff. In the event of a staff member going off sick, the scan assistants and sonographers would cross-cover between themselves to help prevent clinic cancellations. In circumstances where this was not possible, the registered manager covered the scan assistant role. This helped to prevent clinic cancellations.
- The registered manager monitored staff sickness rates. From January to December 2018 there had been no staff sickness absences.

Records

- **Staff kept detailed records of women's care. Records were clear, up-to-date and easily available to all staff providing care.**
- Staff kept detailed records of women's appointments, referrals to NHS services and completed scan documents. Records were clear, up-to-date and readily accessible to staff.
- The sonographer completed a scan report during the appointment with the support of the baby scan assistant. The woman was given a copy of the report to take and keep. The sonographer sent a copy of the scan report to the woman's GP or other relevant healthcare professional if a referral was required.

Good

Diagnostic imaging

- We reviewed five scan reports from the Well-being and gender scan clinic. Staff had recorded all the specified information in a clear and accurate way. This included the woman's estimated due date, the type of ultrasound scan performed, the findings, conclusions and recommendations.
- The service stored completed scan reports in the woman's records. We reviewed six records and saw that all scan reports had been fully completed and clearly recorded. They contained pre-scan questionnaires and signed consent forms. If a referral had been made to an NHS provider the referral was recorded in the notes. Records were stored in a locked filing cabinet in reception. They could be easily accessed by all relevant staff.
- The registered manager audited correct completion of patient records every month. We reviewed the audit for November 2018 and saw no issues had been identified.
- Access to the ultrasound machine was password protected and restricted to the sonographer and registered manager.
- The clinic had an up-to-date data retention policy which detailed staff responsibilities, record security measures and retention periods.
- The service had an up-to-date information governance policy in place for staff to refer to. The policy detailed staff responsibilities, documentation standards, and the retention of record.
- The service kept completed service user records securely. The consent records and referral forms were archived and stored securely on site.
- Any electronic records or systems were password protected, and the passwords were changed every time a staff member left the service.
- The ultrasound images could be purchased by the woman at the end of her appointment. The woman was also given free access to the digital smart mobile phone application ('app'), which had been developed by the franchisor. The app enabled women to have instant access to their scan images.
- Baby scan assistants recorded the unborn babies' heartbeat on a small electronic device during the scan which could be inserted into a Heartbeat teddy bear for the women to take home. If the women decided not to buy the Heartbeat bear, the recording was deleted.

Medicines

- The service did not store or administer any medicines or controlled drugs.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff knew the process and would confidently implement it.**
- The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.
- The service used a paper-based reporting system, and the accident and incident book was available in the clinic for staff to access, if required. The registered manager was responsible for conducting investigations into all incidents. They collated the incidents into an electronic log, which was used to identify any themes and learning, and was shared with staff at their team meeting.
- All staff we spoke with described the process for reporting incidents and provided examples of when they would do this, such as information governance breaches or equipment breakdown. The process for incident reporting and investigating was outlined in the service's incident reporting policy.
- Staff we spoke with knew how to report incidents and could give examples of when they would do this. The service reported no incidents between January and December 2018.
- From January to December 2018 the service had no never events. A never event is a serious incident that is preventable and has the potential to cause serious patient harm or death.

Good

Diagnostic imaging

- The service did not report any serious incidents from January to December 2018.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.
- Staff understood the duty of candour and the need for being open and honest with women and their families if errors occurred. The registered manager could explain the process they would undertake if they needed to implement the duty of candour following an incident, which met the requirements. However, at the time of our inspection, they had not needed to do this. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had not needed to do this but staff we spoke with were aware of the term and the principle behind the regulation and the need to be open and honest with women where incidents occurred.
- The registered manager was aware of the requirements for reporting incidents to the CQC using the statutory notification route if this met the criteria, under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- The service policies and protocols were up-to-date, written by a clinical lead within the franchise, a lead sonographer and a previous National Health Service (NHS) nurse. The policies and protocols were reviewed by an external consultant specialist in obstetrics and gynaecology ultrasound, to ensure they were in line with best evidence-based practice, and followed compliance with national standards.
- The service followed national guidance from The National Institute for Health and Care Excellence (NICE) and British Medical Ultrasound Society (BMUS). They did not participate in any benchmarking clinical audits.
- ALARA (as low as reasonably achievable) principles, outlined in the 'guidelines for professional ultrasound practice, 2017' by the Society and College of Radiographers (SCoR) were followed by the service. To help reduce ultrasound dose to women, sonographers, where possible, did not scan for longer than 10 minutes, and did not repeat a scan for seven days.
- The service had a quality assurance policy which ensured both internal and external checks were undertaken periodically on the service to ensure it operated effectively. As part of this, the franchisor completed clinic audits throughout the year, and annual sonographer competency assessments. The registered manager completed monthly clinic audits, and peer reviews were conducted by staff, in line with BMUS recommendations.
- The franchisor undertook a compliance based audit on the service's processes and procedures, documenting any deviation, and together, the franchisor and registered manager agreed on improvement actions which were timebound and checked. We saw examples from two previous audits, where the service had documented and actioned the improvements immediately. The findings from the January 2019 audit, identified the minutes of the meetings were not as robust as required. The findings from the June 2018 audit identified a floor cleaning product was not appropriately stored in a lockable cabinet.

- The registered manager discussed any outcomes or updates from recent audits with staff during their monthly meetings, or before clinic at their daily 'fire up' meetings. We saw evidence of this in their monthly meeting minutes.
- The franchise manager informed us they were currently undertaking a staff survey to measure staff responses to the effectiveness of the service. There were no results to this survey at the time of our inspection.
- The service had an equality policy which was updated annually. As part of their induction, staff were trained on equality, to ensure they did not discriminate when making care and treatment decisions.
- Women were told when they need to seek further help, and advice was provided if required. The service followed a referral pathway when an anomaly was identified. The pathway included making a confidential appointment with a local hospital or General Practice (GP) service chosen by the woman. Staff informed and updated women with the process of the referral. Information leaflets were available to women, including an inconclusive scan, sickness in pregnancy and a complete miscarriage.

Nutrition and hydration

- The service did not offer food or hot drinks to women or people accompanying them. They did however provide water to women if required and supplied chocolate biscuits which they would offer in an emergency for a diabetic.

Pain relief

- The service did not monitor or administer any pain relief, as the procedure is pain free, however we saw staff asking women how they were, and if they were comfortable when in the waiting area and in the scanning room during the ultrasound scan.

Patient outcomes

- **The service monitored the effectiveness of care and treatment and used the findings to improve their practice.**
- The quality of the service was managed through audits undertaken during ultrasound scans. Staff completed two audits in the scan room, one included the quality of the service and care provided, identifying improvement in non-clinical aspects. The second included peer reviews, which entailed sonographers to review each other's work to look at the clinical procedure carried out by staff to determine if they agreed with ultrasound observations and report quality.
- Patient outcomes and experiences were monitored through women satisfaction feedback cards. The feedback cards were available for women and those accompanying them, as they were placed next to the two computers where women sat following their scan to choose their scan pictures. We saw completed feedback cards comprised as a book in the waiting receptions area for people to browse whilst waiting. We looked at five feedback cards dated from February 2019 to March 2019 all provided the service with five stars for ease of booking, initial welcome, care provided, hygiene and comfort and their overall experience.
- The franchisor conducted ad hoc unannounced 'mystery calls' to the clinic to evaluate the standard of effective communication between staff and women. The service received feedback following every 'mystery call' and attend additional training as required. The franchisor completed a 'mystery call' in January 2018, prior to the launch of the first scan clinic. The calls highlighted staff lacking confidence in providing appropriate responses to the disclosure of both a miscarriage and a molar pregnancy. Training was created to develop staff knowledge in these areas, to increase their confidence in handling calls of a difficult nature.
- Referrals made to the NHS by the service were retained and checked for quality purposes as part of their internal audit process. Due to patient confidentiality and Data Protection (DP) regulations, the service does not receive an outcome from the NHS.

Competent staff

Good

Diagnostic imaging

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and followed the service policies and processes to ensure staff were supported and were suitable for their role.**
- When first employed, staff attended induction training which comprises both face to face and online learning. Staff completed annual mandatory training, which included ongoing training as required, and third-party training courses in key areas.
- At the time of our inspection, the service employed two sonographers. We reviewed their staff files and both were qualified and HCPC registered. They received a sign off process by the service, which included an initial assessment undertaken by the clinical lead of the franchise. The assessment comprised of their HCPC number, qualifications, and ultrasound experience. The clinical lead then completed 14 checks, which rated the sonographer on their professional approach, the scan room, hygiene, equipment maintenance, technical, and communication level requirements. Both staff members had their initial assessment when they stated in July 2017 and September 2018.
- We saw that an annual reassessment was completed in July 2018 by the clinical lead of the franchise for one sonographer who had been employed for over a year. The reassessment included the checked completed in the initial assessment.
- The service had recently introduced peer assessments, which enabled staff to observe each other during the ultrasound scan and provide feedback to one another of their findings.
- Staff felt comfortable to discuss their development with the registered manager or franchise managers, however staff also had the opportunity to discuss this formally.
- All staff were provided with appraisals annually, and monthly one to one meetings. Staff were clear about the boundaries of their individual roles; however, they were happy to help where their competencies allowed and regularly had formal and informal discussions about career development. Staff told us they were assured they could access any development they required relating to the service.
- The service does not employ trainees or volunteers. All sonographers were employed with previous experience in ultrasound scanning.

Multidisciplinary working

- **The staff worked together as a team to care for the women and those who accompanied them.**
- At the time of our inspection we saw positive working relationships between the sonographer, scan assistants and the registered manager. For example, the scan assistants and registered manager shared responsibility of answering the telephone and managed this effectively so the phone was always answered.
- We saw that whilst the sonographer carried out the ultrasound scan, the scan assistant completed the scan report with instruction from the sonographer and both provided a positive response to show their understanding. Both the scan assistant and sonographer communicated appropriate information, within their remit, to women and those who accompanied them.
- Prior to the clinic opening each day the staff attended a 'fire up' meeting, which included confirmed bookings for the day and any updates of the clinics.
- The service had positive communication with most health care professionals when communicating with NHS services to make a referral. The NHS services include hospitals and GP services.
- The service had a policy to telephone local safeguarding authorities when required.

Seven-day services

- The service opened four times a week, operating clinics on a Tuesday and Thursday evening, some Wednesday daytimes and all-day Saturday and Sunday. The service accommodated for working mothers to attend either in the evening or during the weekend. The clinics ran in line with the demand of the women, enabling them to make bookings online or by telephone at a time to suit them.

Health promotion

- The service provided information leaflets for women providing medical information around a concern with

the development of the pregnancy, or during sickness in pregnancy. The service told us they also provided leaflets on how to keep healthy during pregnancy, and 'tips for mum's to be', however on the day of our inspection the service did not have any of these leaflets.

Consent and Mental Capacity Act

- **The service had policies and procedures in place for gaining consent, staff understood how and when to assess whether a woman had the capacity to make decisions about their care and staff followed service policy when a woman could not give consent.**
- Staff received training on the Mental Capacity Act (MCA) as part of their induction and annual mandatory training, and they could gain information and advice from the training resource folder to ensure they had regard to MCA code of practice when protecting people's rights.
- All women received written information to read and sign before their scan. This included terms and conditions, information on what is and is not included in the scan package, information on medical records, consent and use of data. The pre-scan questionnaire and declaration form included a self-declaration stating the woman was receiving appropriate pregnancy care and consent to share information with the NHS if required. We reviewed six pre-scan questionnaires and saw they had all been fully completed with clear signed consent.
- All staff were aware of the importance of gaining consent from women before conducting an ultrasound scan. The sonographer confirmed names, dates of birth and scan package prior to the scan, then obtained verbal consent to begin.
- The service operated a Mental Capacity Act policy, which detailed the requirements and process for staff to follow to ensure their awareness of any vulnerable women or situation.

Are diagnostic imaging services caring?

Good

We have not previously rated this service. We rated it as **good.**

Compassionate care

- **Staff cared for women and their families with compassion. Feedback from women confirmed that staff treated them well and with kindness.**
- During our inspection we saw staff interacted positively with women and those who accompanied them in a respectful and considerate way. Staff immediately built a rapport with women and families, encouraging a calm and reassuring environment. All staff treated women with dignity and respect and provided compassion throughout their scan journey.
- We observed the sonographer and scan assistant being very patient towards women, during one scan we saw staff being particularly patient and explaining the process, as it took a couple of minutes for the sonographer to identify the gender.
- We reviewed 10 feedback satisfaction cards around the clinic. All provided positive responses to the care they had received. For example, we saw comments including 'thank you for being patient with my baby boy', and 'lovely staff, made us feel comfortable and welcome'.
- We spoke with eight woman and people who accompanied them. They all spoke positively of the service and described their experiences as good. One woman we spoke with had been recommended the service, the woman explained she had not been disappointed, as staff were very caring towards her and treated her with respect.
- We observed staff introducing themselves to women and people who accompanied them. Scan assistants provided information of the scan package chosen in detail and all the available optional extras. The scan assistants were polite and friendly towards women and clearly explained appointments to woman, how to access the digital smart mobile phone application, and how it worked.

- Staff demonstrated excellent compassionate care when explaining they refunded first scan deposits if women experience a miscarriage prior to their appointment. Staff informed us they discreetly refunded women without any explanation.
- The service operated a chaperone policy, which all staff received training on during their induction, and following the introduction of including it as part of their mandatory training all staff had completed this. Women's privacy and dignity was protected by ensuring a scan assistant attended the ultrasound scan as a chaperone.

Emotional support

- **Staff provided emotional support to women and people who accompanied them.**
- We observed staff spoke with women in sensitive, calming way. From the reception/waiting area through to the scan room, there was a very relaxing atmosphere, with calming music playing throughout the clinic.
- If a scan identified an anomaly, staff explained the results from the scan, to women those who accompanied them, in a supportive way. The sonographers had received training on the service process and referral pathway to the NHS provider. The sonographer explained the process of the referral, arranged an appointment with the NHS provider, and answered any further questions women had.
- The franchise employed a bereavement midwife, who provided training to staff, which was updated annually as part of their mandatory training. The training included what to say and what not to say to women who had received bad news. For example, staff were advised not to say, 'you can have more children', or 'I had a miscarriage'.
- The service operated two clinics, first scan clinic and window to the womb clinic. Staff demonstrated good emotional support by keeping the two clinics separate to respect women attending a first scan appointment, as this can be a distressing time for them. First scans are available to women from 6-15 weeks pregnant. During our visit, we saw staff prepare the clinic for window to the womb appointments. Staff explained that following completion of the window to the womb clinic, they removed all keep sake souvenirs and described the environment as very different for the first scan appointments.

Understanding and involvement of patients and those close to them

- **Staff involved women and those close to them in decisions about their care and treatment.**
- Staff took time to explain the procedure before and during the scan, and checked the scan package chosen by women and those accompanying them. We saw the sonographer explained what was happening throughout the scan, with the scan assistant support. They used appropriate language to clearly explain the position of the unborn baby and the images on the monitors. We observed one scan where the sonographer could not identify the head of the unborn baby during the wellbeing check. The sonographer explained that they would move to the legs and go back, checking the woman was ok, they went back and positively identified the head.
- The service provided gender scans for woman between 16 and 22 weeks. Whilst in reception staff identified that a booked gender scan was for a woman at 15 weeks pregnant. Staff explained this to the woman and her family, and highlighted they may not be able to identify the gender but they would try their best, and would still complete a well-being scan. Checking that everyone understood the scan went ahead, resulting in the sonographer positively identifying the gender.
- The sonographer asked women if they had any questions throughout and at the end of the scan. Women we spoke with told us that both they and their family had felt involved in the scan, and any questions they had were answered in a way they understood.
- During our visit staff communicated with woman and people who accompanied them, in a way they could understand. We saw staff encouraged family members to identify features on the scan, and took the time to engage in conversation by asking them about the pregnancy. For example, we saw staff asking grandparents if this was their first grandchild and which 'gender team' they were on.

Good

Diagnostic imaging

- The service had two computer screens next to the waiting area, following their scan, women and those accompanying them sat at the computer to choose their favourite images in line with their scan package. This enabled involvement from all family members.
- The service assured women that their scan images were treated confidentially. Staff gave women a unique code to access the digital smart mobile phone application. When the application was downloaded, women could access and download their scan pictures onto their phone images within 30 days. Women then could choose who to share the images with.

Are diagnostic imaging services responsive?

Good

We have not previously rated this service. We rated it as **good.**

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the range of needs of people accessing the clinic.**
- The facilities and premises met the needs of women and those accompanying them, and ensured a patient-centred environment. This included comfortable seating in the reception area, clinic room and quiet room. Children's toys were available and stored in the quiet room. Accessible toilets were provided by the reception area, with adequate signposting for each room and facility.
- The clinic provided free parking, although at the time of our inspection there were limited spaces, staff told us they did not have any concerns with the parking due to the times their clinics operated, in the evenings and at the weekends. The service provided information on parking, travelling to the clinic, and local transport links and facilities on their website.
- Information was available in accessible formats around the clinic, including posters on the walls explaining scan packages and optional available extras. Leaflets detailing protentional concerns were available.
- The service offered a range of scan packages, all included a wellbeing scan. Costs and details of deposit and full payment was clearly explained on the website, in information at the clinic, and by staff when women attended their appointment. We observed staff providing this information when taking bookings over the telephone.
- Appointments were flexible in the evenings and at the weekends. Women could book an appointment to suit them either through the website or calling the clinic directly. The telephone line was accessible everyday 8am-9pm.
- The franchise had created an innovative mobile phone application. Any scan image taken during a window to the womb ultrasound scan was developed onto the application. The application enabled women to download their images onto their mobile phone or smart device, share week-by-week updates and create a video of their pregnancy journey. Women were provided with a unique code to access their images on the application, providing instant access to their scan images to view whenever they wanted.

Meeting people's individual needs

- **The service took account of women's individual needs and delivered care to meet their needs.**
- Staff told us they provide a service to pregnant women and tailored it completely to suit women's needs. Scan assistants would greet women when they arrived for their appointment, explain their scan package and ask them to complete their pre-scan questionnaire. The scan assistants told us they would see the woman throughout their appointment.
- The service allocated enough time throughout women's appointments for them to ask any questions they had and decide their favourite scan images. The appointments lasted around 40 minutes, with the ultrasound scan taking around 10 minutes. We saw women were supported throughout their appointments and were not rushed at any point.

Good

Diagnostic imaging

- The clinic had a 'quiet room' which its primary purpose was for staff to have sensitive conversations with women. Staff told us this could be an area for women to maintain their privacy and dignity if they became distressed in a public area.
- Women received information to read and sign at the start of their appointment. The service had developed a translation service online which staff could access to provide information in different languages. We saw key information provided to women were available in different languages including information leaflets on when they had a pregnancy of an unknown location, for example, an ectopic pregnancy, a second scan that confirmed a complete miscarriage or an inconclusive scan. The leaflets detailed what the sonographer had identified, advice, and the next steps.
- The service also met the needs of those who were visually impaired, had hearing loss, could not read, or had a learning disability with the option of a 'read aloud' system.
- The staff included both a female and male sonographer, the service provided information to women on their email confirmation, detailing which sonographer they were booked with. On one occasion staff told us, a woman had booked on a clinic day when the male sonographer was on shift. The woman stated due to religious reasons she would like a female sonographer, the scan assistant rearranged her scan to the next available scan with a female sonographer, staff informed us this was two days later.
- The service had reasonable adjustments in place for people with a disability. The premises were located on the ground floor with enough space for wheelchair access. In the scan room, the couch could be lowered electronically to assist women.
- Staff told us they had scanned a few different women who had presented in wheelchairs due to their physical disabilities. They showed us how the scanning couch could be lowered to facilitate the transfer of the women from their wheelchair to the couch.
- The service offered a range of baby keepsakes and souvenirs for woman to buy after their scan. Including, photo frames, keyrings, heartbeat bears, which included a recording of the unborn baby's heartbeat, scan movies detailing a video of the scan image, and gender reveal products of balloons and confetti cannons.

Access and flow

- Women could access the service when required, as the clinic opened during the daytime on some Wednesdays, two evenings in the week and at the weekend. Women self-referred to the service, and booked appointments at a time to suit them, either in person, by using the online appointment system or contacting the clinic by telephone.
- Women had timely access to results, as scan images were provided during their appointment.
- The service did not have a waiting list for appointments, and at the time of our inspection there was no back log for appointments. Staff explained the booking system was flexible, and they operated clinics around times to suit women. For example, we saw one woman arrived 45 minutes early for their appointment, staff enabled them to have an earlier appointment time after ensuring this would not delay the clinic or impact on other appointments.
- Staff were flexible and allowed women to change their scan package to meet their choice. Women paid a deposit to confirm their booking, and received information about their chosen scan package. When women attended their appointment, they could change their scan package.
- Services ran on time, and staff told us they would inform women of any disruption.
- From January to December 2018 the service did not delay or cancel any ultrasound scans for a non-clinical reason.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service operated a complaints handling policy, which detailed their process of complaints and staff responsibility. The policy was up-to-date and stated

that all complaints should be acknowledged and responded to within 21 working days. The clinic reported all complaints received to the franchise Window to the Womb Ltd.

- Information on how to make a complaint was displayed in the clinic, and woman feedback forms were readily available in the clinic, and staff were actively encouraged to identify any potential dissatisfaction whilst the client was still in the clinic. Staff told us they felt managing the complaint at the time, minimised the number of written complaints the service received.
- Staff explained that the complaints are usually minor in nature and are communicated to the service via social media channels, which were monitored daily. Staff stated all complaints received were thoroughly investigated and actioned immediately. Staff told us they provide feedback to women and assure they are satisfied with the outcome.
- From January to December 2018 the service received two complaints which were both managed under their formal complaints procedure, neither were upheld. However, when we spoke to the registered manager they stated they only had one complaint in during that period. The complaint was from a woman who had received potentially serious news after having a scan. The complaint alleged that women had been left alone in the quiet room for 20 minutes whilst the sonographer rang the local NHS trust. We saw this was discussed at the next management meeting and that a new procedure was introduced in similar situations which meant women would not be left alone in future, a sonographer assistant would always sit with them.
- Learning from complaints was shared at clinic 'fire up' meetings as well as at formal monthly team meetings. We reviewed a complaint made in 2018. We saw staff made changes and improvements following the complaint. The changes were documented in their meeting minutes dated September 2018. The complaint followed a referral made to an NHS provider, where the woman felt they were left alone in the quiet room. The service implemented an action to change the woman's journey by adapting the role of the scan assistant. Following a referral, the scan assistants accompany women and their families in the scan room, to provide further support. Staff we spoke with explained this was now the clinic process.

Are diagnostic imaging services well-led?

Good

We have not previously rated well-led. We rated it as **good.**

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- Leaders of the service were subject to checks through the Disclosure and Barring Service prior to employment as were the rest of the staff. In addition, they required references from previous employers and employment history as well as proof of any qualifications held relevant to their employment in line with schedule 3 of the HSCA 2008 (regulated activities) regulation 2014 to ensure they have the skills, knowledge, experience and integrity they need.
- The manager of the franchisor and the registered manager met formally at a national franchise meeting every six months to share knowledge and experience. The registered manager received ongoing training at these meetings. They also received additional training through site visits from the franchisor and monthly managers meetings.
- The manager had a good awareness of the service's performance, limitations, and the challenges it faced and what actions were needed to address any future challenges should they arise.
- The sonographer assistants reported to the registered manager for matters of administration and to the sonographers for clinical matters. Staff knew the management arrangements and told us they felt well supported.

- Staff could access clinical leadership from three clinical leads employed by the service, these included a consultant radiographer and specialist bereavement midwife.
- Staff told us that leaders were visible and approachable, and they felt well supported.
- Management development courses were available, and could be accessed by any member of staff.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, women and local community groups.**
- The service had a clear vision and values, which all staff were aware of and enthusiastic to demonstrate throughout their work. We were told the vision and values were developed by the registered manager when the franchise was created and they were now company wide values. Current staff were not involved in developing the vision and values as they were already in place, however they told us at the monthly team meetings they were asked what improvements could be made to the service as part of on-going development and service improvement.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service provided emotional support for staff when they had difficult conversations with women. The franchisor offered confidential line for staff to discuss anything which emotionally impacted them.
- All staff we spoke with were proud of working for the service and spoke positively about the culture of the service. Staff told us they worked together well as a team and there was an open and honest culture. We saw a 'no blame' approach to the investigation of complaints and performance issues were addressed through open and honest feedback to staff.
- The service had a freedom to raise a concern policy and had appointed a freedom to speak up guardian.The freedom to speak up guardian ensured staff could speak up and were supported appropriately if they had concerns regarding patient care. Staff received information on the role of the guardian and how to contact them as part of their mandatory training.
- The service also provided a confidential telephone helpline for staff to contact if they wanted to discuss anything that affected them at work or if they needed emotional support.
- Although we saw a Lone worker policy, the registered manager told us that staff never worked alone.
- Throughout our inspection, managers responded positively to feedback and asked about improvements that could be made.

Governance

- The service systematically improved their quality through regular audits and clinical reviews Governance arrangements were clear and appropriate for the size of the service. The service had a clear governance policy which outlined the governance responsibility of the service. The registered manager was aware of the governance policy and their responsibility in relation to governance.
- Staff discussed audit results, complaints, incidents, service changes and patient feedback at monthly team meetings.
- The registered manager had overall responsibility for clinical governance and quality monitoring and reporting this to franchisor. This included investigating incidents and responding to patient complaints. The registered manager was supported by the franchisor and attended regular national franchise meetings, where clinic compliance, performance, audit, and best practice were discussed.

- All staff were covered by the services indemnity and medical liability insurance which was renewed annually.
- The service undertook an in-depth recruitment process. All staff were checked through the Disclosure and Barring Service prior to employment. In addition, the service required references from previous employers and employment history as well as proof of any qualifications held relevant to their employment in line with schedule 3 of the HSCA 2008 (regulated activities) regulation 2014.
- The service had policies and procedures for the operation of the service and these were available to staff in a folder in the clinic. All policies were up-to-date and reviewed annually.

Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- There were appropriate policies in place regarding business continuity and major incident planning, which outlined clear actions staff needed to take in the event of extended power loss, a fire emergency, severe weather, or other major incident. They also contained contact details of relevant individuals or services and an emergency response checklist.
- Risk assessments were completed on a standard template to ensure consistent information was used by all staff.The templates had the risk identified, mitigating and control measures, the individual responsible for managing the risk and the risk assessment review date. We saw up-to-date risk assessments were completed for fire, health and safety and the Control of Substances Hazardous to Health (COSHH).
- The registered manager compiled a monthly performance report, which outlined the number and type of complaints received, the number of ultrasound scans completed including the number of rescans, the number of women who did not attend their appointment and the number of referrals made to other healthcare services.
- There was a business continuity policy which highlighted key hazards and mitigations, contact details for relevant staff and an emergency response checklist.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service had appropriate and up-to-date policies for managing women's personal information that were in line with relevant legislation and the requirements of the General Data Protection Regulations (GDPR).
- The service was registered with the Information Commissioner's Office (ICO), which is a requirement of 'The Data Protection (Charges and Information) Regulations' (2018). The ICO is the UK's independent authority set up to uphold information rights.
- Women had access to terms and conditions of the service through their website, however reception staff were happy to provide them to anyone who did not have computer access. All packages and prices were clear on their website; however, these were also available in the clinic and payment methods and processes were discussed at the time of booking.
- The service held nominal data on women who used the service. All held data was a combination of paper records and electronically with password entry and any paper records were kept in a locked cupboard inside the clinic. All staff had access to the electronic and paper records.
- The registered manager was responsible for the management of policies and procedures and their compliance. We looked at eleven policies and procedures during our inspection and found they were all reviewed and in date. All staff knew where to find policies and information on procedures and were knowledgeable about them.
- Staff told us there were sufficient numbers of computers in the unit. This enabled staff to access the computer system when they needed to.

Engagement

Good

Diagnostic imaging

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The registered manager completed a staff survey in January 2019. Two staff members requested further training on printing the scan pictures. The service provided this training and as a result, staff felt competent in this aspect of their role.
- The service gathered feedback from women and families and used this to improve the service. Women could leave feedback on comments cards, online review sites and social media pages. The website included details on how women could leave feedback. The website also showed stories of women's experience of using the service and their pregnancy. We reviewed a sample of the feedback forms, and found all the women had rated their experience as 'five stars'. All the comments made were also very positive.
- Feedback from women was shared and discussed at the monthly team meeting and any actions for improvement agreed.
- Every morning they service had a "Morning fire up meeting" with a set agenda for all staff. Items on the agenda included subjects such as 'Any frustrations from the previous days scans' and 'Number of scans booked' and 'Staff allocated role for the day'.
- Patient feedback and complaints were discussed with the team during staff meetings.

  Team meetings were held monthly, and staff told us that the meetings supported them in feeling actively engaged in service planning and development.
- The service had effective relationships with the local safeguarding team, midwives and hospitals as well as links to local support networks for access to counselling.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Staff worked together to share innovative ideas and implement changes to improve the service. For example, the franchise had created an innovative mobile phone application. Any scan image taken during a window to the womb ultrasound scan was developed onto the application. The application enabled women to download their images onto their mobile phone or smart device, share week-by-week updates and create a video of their pregnancy journey. Women were provided with a unique code to access their images on the application, providing instant access to their scan images to view whenever they wanted.
- Staff told us they participated in internal investigations following complaints and the service had provided additional training for staff when learning needs were identified through this process. For example, the complaint about a woman left in the quiet room after receiving potentially bad news, after training, it was agreed then women will no longer be left alone while the sonographer rings the local NHS trust.
- Staff took time together in team meetings and franchise meetings to review the service's performance and objectives.
- The service increased staffing numbers to reflect the growing service, and the addition of early pregnancy scans due to the demand. Opening times were adjusted to suit the demand and feedback received.
- A dignity screen had been added to the scan room so women could undress in private.
- The registered manager took immediate and effective actions to address some of the concerns we raised during the inspection.

Outstanding practice and areas for improvement

Outstanding practice

- The service kept first scan and window to the womb clinics separate, this was to respect the sensitivity of first scan appointments. Staff removed all soft toys and keep sake souvenirs for first scan clinics. The clinic also discretely refunded deposits to women when they called to cancel a scan appointment due to miscarrying.
- The service had developed a translation service online which staff could access to provide information in different languages. We saw key information provided to women were available in different languages including information leaflets on when they had a pregnancy of an unknown location, for example, an ectopic pregnancy, a second scan that confirmed a complete miscarriage or an inconclusive scan. The leaflets detailed what the sonographer had identified, advice, and the next steps.
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